

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELKHART GENERAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 E BLVD ELKHART, IN 46514</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of one State hospital complaint.</p> <p>Complaint Number: IN00164320 Substantiated; no deficiencies cited related to the allegations. One deficiency cited unrelated to the allegations.</p> <p>Facility Number: 005017</p> <p>Date: 5/6/15</p> <p>QA: cjl 05/14/15</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting</p>	S 912		6/24/15

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/24/15

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S 912	<p>Continued From page 1</p> <p>responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nursing executive failed to ensure that nursing staff implemented the facility pain policy for 1 of 1 patient who complained of pain while in the ED (emergency department) (Pt. #1).</p> <p>Findings: 1. Review of the policy "Pain Management", policy number 24 (Nursing/Pharmacy), last revised on 11/11, indicated: a. In the "Policy Description" section, it reads: "Ensure that all patients admitted to and/or receiving care...are adequately assessed...when present, is appropriately treated and managed." b. In the "Points of Emphasis" section, it reads: "1. Assessment for and documentation of the presence and rating of pain should occur with all patients at a minimum of: on pre-admission, on admission, at the beginning of each nurses' shift...2. Measurement of pain will be consistent throughout the institution...4. With a pain rating by the patient of "4 or greater" intervention should be offered by the nursing staff. 5. Pain intervention includes both pharmacological and non-pharmacological interventions..."</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>2. Review of medical records indicated that patient #1 reported a pain level of "5" (out of 10), at 1110 hours on 1/5/15 while in the ED. It was also noted in nursing notes, at 1110 hours on 1/5/15, that: "...Pt states severe pain to R (right) lower calf area...". The patient was discharged at 1401 hours with no further pain assessments being documented, and no pain relief measures noted as being offered, or provided.</p> <p>3. At 1:05 PM on 5/6/15, interview with staff member # 51, the director of emergency services, indicated:</p> <p>a. The "Pain Management" policy is pertinent to the ED, there is no separate ED pain policy.</p> <p>b. The medical record for patient #1 lacks any nursing documentation of response to the patient's report of a level of "5" pain at the time of admission.</p> <p>c. The "Pain Management" policy was not implemented by ED staff for patient #1, as there was no indication that pain relief measures were offered, or addressed prior to discharge at 1401 hours, while they were in the ED on 1/5/15.</p>	S 912		